

## Expand area clinics, expand health care

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by **George L. Leventhal**

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While candidates and office holders at the federal level continue to debate the expansion of health insurance and come up with excuses why it can't be done, we are making progress in Montgomery County.

From following the national health care debate, I understood the issue to be one of access to insurance. I thought it was the lack of insurance that leads people to emergency rooms, which in turn, contributes to the spiraling costs of health care for all Americans. Since being elected to the County Council and serving as chairman of the Health and Human Services Committee, I've begun to see these issues through a different prism.

In Montgomery County, I believe the immediate issue is access to care, not access to insurance.

My objective is not to expand or enrich the health insurance bureaucracy. Those of us fortunate enough to have health insurance may not feel so fortunate when we have to hassle with the paperwork nightmare that often comes with it. As our federal and state lawmakers consider new approaches to the health insurance shortage, I hope these approaches will streamline and simplify the system rather than making it more complicated. Here in the county, I am most interested in approaches that directly serve our residents most in need, bypassing the insurance industry and its bureaucracy altogether.

One such approach is the funding of community health clinics. In the early 1990s, the county decided to leverage the relationships that nonprofit health clinics had developed with the community. The county helped to strengthen these clinics with support, coordination, access to resources and financial help.

The Primary Care Coalition of Montgomery County was established to administer programs and award grant money to the safety net providers. In 2000, a coalition study found that caring for our estimated 80,000 to 100,000 uninsured residents left our hospitals with an annual deficit of \$53.3 million due to uncompensated care. This deficit is passed on to other health care consumers in the form of higher insurance premiums and hospital rates.

Since its founding in 1993, the coalition has provided primary care and specialty services to almost 20,000 low-income uninsured children and adults. Now, the coalition makes grants to seven community clinics that provide routine health monitoring, preventative care and acute care. And several of them are equipped to address the cultural and language needs of demographic groups with large numbers

of uninsured members. Also, several new clinics are about to open, and they are representative of the changing needs and demographics of our county.

Although the growth of these clinics is encouraging, the need still far outreaches our capacity. We must continue to fund community clinics, expand the existing network of providers, and ensure that the service providers are culturally sensitive to the distinct needs and issues presented by our county's diverse population.

Although we face severe constraints in this year's budget, funding community clinics is one of my top priorities. The money that we spend to fund community clinics will pay off in reduced absenteeism at work and fewer unreimbursed emergency room visits. Not only is this the financially smart thing to do, but it is also the morally correct thing to do. It is our responsibility to meet the needs of all the members of our community.

This year, the council also added funding to the African American Health Program and the Latino Health Initiative, two programs that provide much needed services and educational outreach to their communities. We also will work to ensure that the county's "Care for Kids" program can continue to serve all children in families with incomes up to 250 percent of the federal poverty level. This will be important as both federal and state governments contemplate cuts to the Children's Health Insurance Program.

We cannot substitute for the responsibility of the federal and state government. Nevertheless, there is more we can do to address the long-term health care needs of our uninsured residents. I would like to explore ways in which the county can serve as a medium for accessing insurance for those who are priced out of the insurance market. Perhaps the county can serve as a catalyst for the creation of a larger risk pool so that uninsured individuals can obtain insurance at more affordable premium rates.

A related idea is whether we could form a county auxiliary public access unit, which could leverage the existing insurance provided to county employees. I plan to probe these and other options further in committee.

We are fortunate to live in a generous county, willing to pay more to meet all our residents' needs. We have a low unemployment rate compared to state and national figures. Because of our good fortune, we may be able to explore new approaches to providing access to health care, and I believe our citizens will support such exploration.

*George L. Leventhal, a Democrat from Takoma Park, is an at-large member of the County Council. He also is chairman of the council's Health and Human Services Committee.*